

THE MEDICAL AND SURGICAL REPORTER.

No. 849.]

PHILADELPHIA, JUNE 7, 1873. [VOL. XXVIII.—No. 23.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CASE OF TWISTING OR CONVOLUTION OF THE SMALL BOWELS.

BY E. G. BRADLEY, M.D.,
Of Cotton Plant, Ark.

Miss M. G., age 20 years, became ill March 20th, 1873. The patient was attacked with symptoms indicating bilious colic, severe pain in the epigastric region, succeeded by vomiting bilious matter, together with other contents of the stomach, etc. Dr. S., the family physician, was called to see her soon after her attack. Administered some opiates, applied mustard cataplasms to the stomach, and used warm fomentations to the abdomen, allowing sufficient time for the remedies to have the desired effect; the symptoms still persisted unabated. The morning of the 21st Dr. S. came to the conclusion that there must be a strangulation of some portion of the bowels, and accordingly an examination for *hernia* was made, and after exploring all the regions where *hernia* might take place, and finding nothing indicating a hernial tumor, the Doctor arrived at the conclusion that it was a case of intussusception, or twisting of the bowels. On the evening of the 22d, Dr. Krider, a physician in the neighborhood, of over twenty-five years' experience in the practice of medicine, was called in consultation with Dr. S., who concurred in the diagnosis of the case, that it was a case of intussusception or invagination of the bowels. Meantime the former symptoms still persisted, but somewhat palliated with opiates. Ineffectual efforts

were made to get an evacuation of the bowels with injections of warm water and other stimulating enemata. After each injection a small quantity of bloody mucus was ejected from the bowels; but little or no febrile excitement supervened for three or four days after the onset of the disease; pulse ranging from 75 to 80 to the minute, with sufficient volume and force. On the evening of the 25th, the attending physician, Dr. S., made an ineffectual attempt to carry or introduce a long flexible gum tube up the rectum. Finding the introduction of the tube overcome by resistance or an obstruction about eight or ten inches up the rectum, about the commencement of the sigmoid flexor of the colon, he attached his syringe to the tube and found that water injected through the tube would pass no further up the bowels than the point where the resistance was offered to the tube. On the morning of the 27th the writer was called to see the case in conjunction with Dr. S. After getting a full history of the case, and making some further examinations, the following course, or plan of treatment was adopted:—

R. Ex. belladonna,	grs. x.
Spts. lavender comp.,	ʒij.
G. acacia,	ʒij.
Morphia,	grs. ij.
Sach. alba,	ʒij.
Aq. distil.,	ʒij. M.

Dose: One teaspoonful every two hours.

Also enemata of belladonna, grs. x, aq. pura, Oij, divided into four portions, to be given per rectum every two hours. A concentrated diet was ordered. Beef tea, wine whey, raw eggs, whipped cream, etc., were allowed as freely as the capacity of the

stomach would receive it, notwithstanding the tormina and tenesmus, together with the stercoraceous vomiting that had been a constant symptom from the beginning of her illness. Her strength and expression of countenance was but little changed up to the seventh day of her illness. The above plan of treatment was persisted in for forty-eight hours with no other effect than palliating her suffering to some extent. At this time the general aspect of her countenance and declining strength, with a pulse ranging from 95 to 100 to the minute, indicated great gravity of her disease. She complained of tenderness under pressure in the right hypochondriac region and left iliac fossa; some tympanitis and occasionally slight borborygma of the bowels. Suffice it to say, after all reasonable efforts had been made to get a passage through the bowels, with the exception of trying by the use of croton oil or crude mercury, the perilous condition which she was in was made known to her by Dr. S., who had been her attending physician from the beginning of her illness, who informed her of the only chances for her recovery, at the same time telling her the chances upon which her case turned were very slender and almost of a hopeless character. One was, in case her bowels were invaginated, that spontaneous recovery might take place by that portion of the bowel sloughing off and a communication being established by adhesion of the end that sloughed away with the healthy portion of the bowel; also telling her that if the obstruction was caused by a band or bands of adhesion across the bowels, or if they were twisted upon each other, by an operation she might be relieved; and it was left to her own choice to wait for the efforts of nature to relieve her or have an operation performed. After a short time of consideration, together with a consultation with her two grown brothers, an operation was determined upon. But, however, it is just and due to Drs. Krider and Brown to say that they were opposed to operating without giving any plausible reason for not doing so.

April 1st. The necessary preparations were made to operate; the patient was placed upon a lounge and put under the influence of chloroform by Drs. Stephenson and Brown, whilst the writer made an incision, commencing one-half or three-quarters of an inch below the umbilicus, carrying it down the median line, through the linea

alba, to the extent of about three inches, carefully dividing the peritoneum, and exposing the bowels, and on introducing the finger into the cavity of the abdomen and examining the different sections of the bowels, a link of the small bowels was found impacted under the sigmoid flexor of the colon, which was very much swollen and inflamed; they were properly adjusted and the wound closed with quill sutures, together with interrupted sutures to the edge of the wound; then some straps of glycerine plaster were placed across the wound, leaving the interstices open for the escape of the fluids; also, a bandage, about 4 inches broad, was placed around the abdomen. A towel wet in cold water was ordered to be placed over the wound and to be saturated every half hour. The patient soon recovered her consciousness from the influence of the chloroform; and was placed in bed; some sickness of the stomach succeeded the operation, as we supposed, from the use of the chloroform, but soon passed off. Two or three ounces of spirits were thrown up the rectum, in combination with warm water. Her pulse soon rose to the usual standard, which was about 100 to the minute. Monsel's Solution of Iron was used as a styptic, during the operation, consequently but little blood escaped or was lost. As soon as her stomach would receive anything some ice water and brandy was given her, which the stomach seemed to tolerate very well. 1 gr. of opium and 2 grs. of quinine were prescribed for her to take every two hours. To all appearances she seemed to be better. Rested very well that night; did not complain of anything; took her nourishment very well. On the following morning her pulse grew weaker and thread-like. Strong indications, every way, of acute peritonitis. Opiates were freely given, and her bowels injected with salt and water. A free evacuation of the bowels took place, but her strength grew weaker, and the rest of the symptoms more aggravated, and she expired at the end of 48 hours from the operation, with acute peritonitis, together with inflammation of the bowels, which had taken place before the operation was performed. Had the operation been performed three days sooner, it is the opinion of the writer and Dr. S. that she would have recovered.

The above detailed account of the case was taken from Dr. R. L. Stephenson's notes

of the case, who was the attending physician, and stayed with the case nearly all the time.

—
**MALIGNANT DISEASE OF PENIS
 FOLLOWING PHAGEDENIC
 ULCER-AMPUTATION
 —RECOVERY.**

BY HAL C. WYMAN, M. D.,
 Of Blissfield, Mich.

Mr. R., aged 43 years, married, by occupation a farmer, three years ago contracted chancroid, the sores making their appearance upon the glans. Was treated with the usual remedies, but to no purpose. The sores assumed the phagedenic type, and spread rapidly, until the entire glans, with a portion of the tissues behind the corona, was involved. Local applications of fuming nitric acid prevented the disease from spreading farther, but none of the many remedies used seemed to promote healthy action and induce the parts to heal.

When I saw the patient (April 15, 1873), in consultation with his physician, Dr. H. L. Baker, from whom I learned the above history, the parts presented a very unpromising appearance. Fungoid growths and cauliflower excrescences protruded from the glans and prepuce, and the whole mass presented the general indications of carcinoma.

The patient's family history showed no traces of cancer or hereditary disease of any description, but examination into his individual history showed him to be a man of dissolute habits, frequently indulging in excessive debauchery. For the past four months the patient has suffered from loss of sleep and intense pain. His constitution and general health are fast yielding to the inroads of disease. His physician has frequently removed the fungi with chloride of zinc and other strong caustics, but they speedily reappear. Amputation of all diseased tissues seemed to offer the only prospect of relief, and the patient was accordingly advised to submit to it. His consent was willingly given. Chloroform was administered, and about two inches of the distal extremity of the penis removed by one stroke of the knife.

Three arteries required to be ligated. The urethra was drawn out, and divided laterally to the depth of a quarter of an inch, with the scissors, into two halves, each of which

was fastened to the integument of the corresponding sides with silk sutures. By treating the urethra in the above manner we obviate the necessity for the introduction of the catheter or bougie to prevent atresia of the urethra. The operation is known as "Holton's," when made as above described. Very little constitutional disturbance followed the performance of the operation. The patient rested well until the fifth day, when the ligatures separated during a paroxysm of normal congestion of the *corpora cavernosa et spongiosa*, and gave rise to considerable hemorrhage, which was checked by the application of Monsel's salt and cold. After this, no untoward symptoms developed, and on the fourteenth day after the operation the patient was able to go about his work.

—
VACCINATION VS. SMALL-POX.

BY MADISON MARSH, M.D.,
 Of Port Hudson, La.

It is generally admitted that small-pox has prevailed to a greater extent and with more fatality, both in this country and Europe, for two or three years last past, than at any time for a long period previously. With it have been revived all the foolish and absurd objections by which vaccination was assailed at the time of its introduction: that it introduced into the system monstrous disorders, distinct from cow-pox itself: that it is no prophylactic at all; that its protection runs out in a few years; and finally, that it has lost all its virtue by becoming humanized, or passing through several generations of men.

What are the facts that can be urged in answer to all these cavils? I can speak for myself, and that only, and give my experience in these diseases, and a collection of facts, made at different times and places, running through, at least, forty-five years.

When about five or six years old, I vaccinated myself with a pin, from the arm of another scholar, at a country school, in one arm and in all the toes on one foot. In less than ten days I was very sick with fever, sore toes, swelling of the inguinal gland on that side. I could not walk, and did not attend school again for several weeks. I was so distressed that the recollection of it to-day is as vivid as though it was only last month.

A few years afterwards, I think in 1836, I was apprentice in a drug store, at Geneva, N. Y., owned by a celebrated surgeon and physician, Dr. James Carter. It was a part of my duty to carry around the medicine prescribed for his patients. On one occasion, I found one of his patients, who was a stranger in the place, with a "bad breaking out," as the man called it. On reporting to the doctor he immediately visited him, and pronounced it a case of small-pox. He vaccinated me at once, and in a few days afterwards inoculated me with virus, directly from pustules on the small-pox patient. Neither took any effect. The disease spread, and I visited cases for the next six months with perfect impunity.

Ten years afterwards I was practicing medicine in the northern part of the State of Indiana. I was called quite a distance, to see a man who was represented to have "ground itch," and by the doctor in attendance, erysipelas. I inoculated myself from his pustules, and advised the doctor to get vaccine virus, as soon as possible, and vaccinate the whole neighborhood. Many contracted small-pox from this man. I escaped. There was no small-pox known at the time, in that part of the country. A few days before being taken sick, the patient had purchased a coat from a straggling mountebank.

In 1846 I met my old acquaintance again, at Indianapolis, Indiana. A gentleman at a hotel entertaining about a hundred boarders was taken with a chill, followed by a high fever, bilious vomiting, and spasms. Several physicians were called to his room. We diagnosed bilious fever, complicated with cerebral congestion. Three days afterwards a copious eruption appeared on his face and breast. It was thought to be measles, as a case of small-pox was not known in the State. Three or four days afterwards the eruption appeared, to all, unmistakably small-pox. The gentleman had never been vaccinated, and said a few days before leaving home he had passed on the street a stranger, taking a drink from a public pump. Observing his face very red and rough, he inquired what was the matter? The man replied he had had the small-pox, in Philadelphia; been discharged from the hospital about three weeks, and was making his way to his home, in Illinois. The case proved confluent small-pox, in its worst form. He lingered about three weeks, and

died a perfect mass of putridity. An Irish nurse and myself had the whole charge of the case. I stayed with him one-half the time. At this time, in addition to the exposure of spending one-half of my time with him, I inoculated myself from one of his pustules as soon as pus was formed. The gentleman was an M. C., and, having higher aspirations, visited Indianapolis to have free communication with members of the Legislature, then in session. Being a very popular politician, and socially very agreeable, he was visited at his rooms by at least one hundred persons, during the first five days of his illness, none of whom took the disease, to my knowledge.

On the announcement that the case was small-pox the boarders, all but two, fled in dismay. The Legislature adjourned for six weeks, and there was a general exodus of strangers to all parts of the State. The proprietor of the hotel and his wife remained, who had both had the small-pox and carried the evidence indelibly inscribed on their faces. The two boarders that remained had only the protection of vaccination. Two gentlemen, editors of the State paper, having had the small-pox, and firmly believing in its prophylactic powers against itself, visited the patient. Both took the disease; also the proprietor of the hotel and his lady, all having had it before, and were confined to their beds for several days, with a severe type of varioloid. The two boarders and myself, protected by vaccination only, escaped. This proves that vaccination, in some cases, is a better preventive against small-pox than it is against itself.

In 1862 I came in contact with the old pestilence again. Some Confederate prisoners in the Federal lines took the disease, were liberated and sent back within the rebel lines. When they were at Fort Pillow I mingled freely with them, without becoming diseased.

Lastly, in 1870, the disease prevailed very extensively in New Orleans, and on the plantations all along the coast up to and around this place. I visited cases without hesitation, vaccinated in families where it prevailed, and when it took, prevented the small-pox in every instance. I vaccinated myself, and inoculated myself, from a case that died of it afterwards, without being affected in the least. My own case satisfies me that, as a preventive of small-pox, it is all that could be desired. That it will

never run out, at least, not within the space of forty-five years.

In my opinion all the difficulty and misunderstanding about its prophylactic powers originate in not being vaccinated at all with the genuine disease, or not thoroughly done, and having the disease so mildly as to furnish only partial protection.

It has been my practice for twenty-five years, where practicable and permitted, to vaccinate my patients as long as it will take effect. Not a case thus treated have I ever known to have varioloid or vaccine disease again. I have the complete history of two cases that pretty fully and satisfactorily illustrate its powers as a preventive under this practice. Twenty-five years since I vaccinated two lads, one five and the other seven years old. Both had the disease to perfection, and in the course of the next two months I revaccinated both several times. On one it did not take at all, the youngest took it three times in succession, going through its whole course, of time, fever, pustules, areola, scales and scars in perfection in every particular. And further, from the last scales I vaccinated others with complete success. Both were three years in the Union army, there revaccinated, and frequently exposed to small-pox contagion, without being affected by either disease. Since the war both have been traveling commercial agents, visiting most places in the United States during small-pox epidemics, and have come out unscathed.

Will the ravages of this disease be mitigated or circumscribed to a greater extent than heretofore by voluntary vaccination? I think nearly the whole profession will answer in the negative. There are so many objections successfully raised against it, not only by the ignorant and uneducated, but by the most enlightened and refined, that it seems to me an instinctive shrinking from the disease, from undefined fear of some foul something, or its being the vehicle of some disease so contaminating as to make it nearly as much to be dreaded as small-pox itself. And this dread is so universal as to prove an effective bar to general voluntary vaccination.

In illustration of my position I will here add a few facts. About one year since, at the suggestion of some of my most enlightened patrons, I procured some vaccine virus indirectly from your office. I announced myself ready to proceed to business. There

being no small-pox excitement and immediate danger, I was met with the old objections: the baby is too young; it will produce fever; the weather is too warm; where did you get your scale? are you sure it is not something else, or mixed with some other disease? and many others equally trivial, and lastly, are you sure it is a "protection against small-pox?" I was overruled for that time. I then offered to vaccinate, gratis, all that applied, both white and black. Not one applied. I even went so far as to try to persuade some. Not one would submit to the operation.

We have recently passed through a regular small-pox alarm, originating from its prevalence in New Orleans, and *all*, through the *compulsion* of their fears, have been ready, willing and impatient to be vaccinated, without distinction of sex, "race, color, or previous condition."

Vaccination, to be effectual, must be compulsory by legislative enactment. Scientific and experienced physicians should be appointed to vaccinate and revaccinate the young as long as susceptible to its effects, and this monster and hideous pestilence will be greatly mitigated, and finally driven from the abodes of civilized man.

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL.

Services of John H. Brinton, M. D., one of the Surgeons to the Philadelphia, and to the St. Joseph's Hospital, and Lecturer on Operative Surgery.

Wednesday, May 14.

REPORTED BY ALFRED WHELEN,
Student of Medicine.

Deep Cervical Abscess.

* * * * The next case, gentlemen, which I shall bring before you is one of great interest, and well deserves your closest study and consideration. To understand its prominent features you must fall back upon your anatomical knowledge. Those of you who have listened to my lectures upon surgical anatomy, will perhaps remember the demonstrations I have recently made before you of the deep fascia of the neck—the fascia colli.

In a general way, I told you that this cervical fascia might be regarded as consisting of two layers, one superficial, and one deep. The former, adherent above to the lower jaw and zygoma, is prolonged downward as the masseteric and parotid fasciæ. Passing in front of the hyoid bone and thyroid cartilage, it then stretches across between the sterno-mastoid muscles, and ensheathes them

in front. Below the thyroid gland, this fascia divides into two leaflets, one of which, the anterior, is attached to the front edge of the sternum, and to the clavicle. The posterior leaflet of the same fascia envelops the sterno-hyoid and thyroid muscles, and the posterior belly of the omo-hyoid, and then descends beneath the clavicle, in front of the axilla proper, and becomes continuous with the brachial aponeurosis. It is this leaflet which forms the sheath of the great vessels of the neck, which passes behind the sterno-cleido-mastoid muscle, and is by many spoken of as the second layer of the fascia colli. The deep layer of the cervical fascia, described by some anatomists as a third or even fourth leaflet, covers in the deep muscles of the neck, those which rest in front of the spinal column.

I show you here a rough diagram of the arrangement and relations of these fascial layers. You will, I think, readily understand from this rude sketch the influence which they exert upon the burrowing and development of abscesses in the neck. Thus, if an abscess should form in front of the anterior leaflet of the cervical fascia, it must point externally, and cannot burrow down or reach the cavity of the chest. It is prevented from so doing by the attachment of the lower edge of this leaflet to the front margin of the sternum. Purulent collections readily take place between the first and second cervical layers, since this region is not rich in cellular tissue. Occasionally, however, they do, and in that case they may burrow or extend laterally until they arrive below the clavicle and present in the front part of the axillary space. I remember just such a case in this hospital some time since, to which my attention was drawn by one of my colleagues. A probe passed through the axillary opening could readily be carried up beneath the clavicle and across the neck until its point could be felt near the mesial line.

When purulent infiltration occurs between the second and third cervical layers, the case is a serious one. The pus may pass beneath the sterno-mastoid muscle to the back of the neck, or in unfortunate cases it may travel downward, following the sheath of the great vessels, trachea or oesophagus, and may even find its way into the middle or posterior mediastinum. In rare instances, death has occurred from direct pressure upon the trachea.

Such, in brief, is the march of these deep-seated abscesses or purulent collections in the neck; and, with these preliminary observations, I will invite your attention to the patient before you, who presented himself at my office this morning. He is a most worthy man, and has kindly consented to come before you to-day. Now, this is the history of his case:—

J. B., aged 22, some four or five months ago received a blow upon the right side of his neck. It was not very severe, and did not, at the time, cause much pain. After the lapse, however, of two or three weeks, the

part became tender and painful to the touch. This he ascribed to a cold, and did not regard the ensuing stiffness of the neck as a matter of much consequence. In a short time the neck began to swell, the cervical glands enlarged, the sterno-mastoid muscle became indurated. This condition of affairs gradually increased; the patient went from bad to worse until he reached his present condition.

Look at him now; his whole face and neck are enormously swollen, the superficial tissues are hard and brawny, and his head is twisted towards the opposite side, by the upward distention of the sterno-mastoid muscle. I ask him to open his mouth; he can scarcely do so. You observe that by a great effort he slightly separates his teeth, so that I can introduce my little finger, and I conceive that I can detect a projecting swelling at the upper part of the pharynx. Examining closely the external surface, I detect an obscure yielding on pressure (at least I think I do) behind the sterno-mastoid; and in front of that muscle, in the supra-sternal fossa, there is an evident bulging.

The man tells me that he has experienced great difficulty in swallowing, and that occasionally his breathing has been somewhat disturbed. At times the pain in the neck has been almost unbearable, shooting over the face, and especially involving the aural region. He has not been able to attend to his business by day, nor to sleep by night. His condition is a wretched one. His countenance is wan and anxious, and he is weak, feeble, and broken down. He has been told that he has a tumor in the neck, and that it must be cut out. He came to me this morning, and asked me to do this for him.

The treatment of this case necessarily hinges upon the diagnosis. Is this poor fellow suffering from a rapidly developing tumor, or is the swelling owing to a purulent collection beneath the deep-seated layers of the cervical fascia, say underneath the sterno-cleido-mastoid muscle?

You will probably ask me at once, Can you not detect fluctuation? will not that settle the question? In answer let me say to you a few words concerning the circumstances under which fluctuation may be developed when fluid is present. To illustrate, I have here the bladder of an ox filled with water. I place one finger of my left hand upon one side of the bladder, and with the index finger of my right hand I tap upon the opposite side. I feel instantly, with the finger of my left hand, a distinct impulse or wave transmitted through the mass of the contained liquid. This transmission of the impulse is dependent upon the fact that the atoms of water move freely upon each other, and that they cannot be compressed. And this is the fluctuation which we obtain in abnormal effusions, in hydrocele, and in superficial abscesses with well formed walls, and a most valuable diagnostic sign it is. But in order to obtain such typical fluctuation it is essential that the sac walls shall be thin, and that the contents of the sac shall

be perfectly fluid. Suppose, then, an abscess is very deep seated, or hidden beneath a fleshy mass, the fluctuation will then be wanting, or rather it will not be readily detected. Suppose, also, that the contents of the sac be inspissated, curdy, or cheesy; here, too, you will probably fail to detect fluctuation. You will also most likely fail in the case of a burrowing purulent infiltration without well defined walls, especially if it be tightly strapped down by firm, unyielding superimposed tissues. And that, gentlemen, is precisely the condition of affairs which I believe exists in the patient before you.

I do not think that this man has any tumor, properly speaking. It is more probable that he is suffering from one of those deep-seated cervical abscesses, developed beneath the sterno-mastoid muscle. The pus is, I am sure, infiltrating, that is, it is burrowing its way up and down the neck, raiding, to use a military term, and if left alone it will do great mischief. The man must be relieved. How? There is but one method, and that is by an incision, which necessarily must be deep.

Before, however, I plunge my knife into this swollen neck, I shall have the patient anesthetized, and shall then verify my diagnosis by the grooved needle. (Ether administered.) See, I now introduce my needle, carefully avoiding the external jugular vein, and carry it down to the handle, to the hilt, as it were. I find that the point of the instrument is movable, and as I make a little pressure on the surface of the neck a drop of pus finding its way along the groove of the needle makes its appearance. My diagnosis is thus confirmed, and I shall proceed carefully to open this abscess.

I divide the skin and superficial fascia to the extent of an inch; I am now upon the uppermost layer of the deep cervical fascia. This I also slit up, and you now see a small stream of matter escaping. But this is not, I am sure, from the main depot; I therefore pass in my forefinger, and carrying it downward behind the sterno-mastoid break up the tissues. I feel that I have now entered a large cavity. I withdraw my finger and you see the gush of pus; observe, too, from what a depth, fully two inches from the surface, as measured by my finger. By gentle, very gentle pressure, I evacuate the fluid, and you notice how different is the appearance of the neck; a great deal of pus, I scarcely know how much, has found vent. There is still a good deal of induration, and possibly there may yet be suppuration of the superjacent structures, but the result of what I have done will surely tend greatly to the patient's relief. It certainly will free him from the possible dangers of suffocation, or thoracic penetration. I shall have him put to bed, shall see that the neck be well poulticed, and I will order him good diet and full tonic treatment. I hope soon to bring him before you again, and I trust in the way of recovery.

This case, gentlemen, is one to be thought upon. It illustrates well the importance of

a true knowledge of anatomy, and I hope that it may impress upon your minds the necessity of a careful study of the fasciæ of the neck. Do not, I pray you, regard these structures as matters of mere anatomical interest. Remember that they possess, also, great surgical import, and that a proper appreciation, upon your part, of their morbid conditions, may greatly influence the weal or woe of your future patient.

General Phlebectasis.

Before bringing my lecture to a close I will ask you, gentlemen, to look at the specimen in my hand. It is one of varix, or dilated condition of the veins of the lower extremity. It was taken from a subject in my dissecting room long ago, and illustrates well the condition of affairs in the patient standing in the arena. Observe the preparation closely, and you will see that the superficial veins of the leg are greatly enlarged; besides being increased in thickness they are also increased in length; they are, doubtless, two or three times as long as in the normal condition, and it is this augmented length which gives them so tortuous a direction. The veins, in fact, resemble a mass of venous loops placed one against another. Then, too, behind the position of the valves you observe pouches caused by unequal dilatation, and this is particularly to be seen where an anastomosing branch connects one vein with another. A careful study of these veins also shows us that in some loops the walls are thinned, while in others they are greatly thickened by the deposit of lymph. Here and there you can see that the walls of adjacent loops are matted together in a firm mass of induration.

Here, then, you have an excellent demonstration of the changes which occur in varix—dilatation of the veins, with thinned or thickened walls; surrounding induration; increased length, tortuosity, pouching, destruction, and insufficiency of the valvular apparatus.

Veins affected. Almost any of the veins in the body may suffer from this trouble. Usually, however, we observe it in veins which are long, which are furnished imperfectly or not at all with valves, and which are liable to become engorged, either from position, the effect of gravity, or from general or local obstruction. For example, we have *hemorrhoids* or *piles*, dependent in a greater or less degree upon a varicose or dilated condition of the hemorrhoidal veins. These, you know, empty into the mesenteric and internal iliac veins; by the former channels their blood passes towards the heart through the medium of the portal veins, a system deficient in valves; hence portal disturbance, hepatic derangement, as well as other causes dependent upon position, may serve to fill to excess the three hemorrhoidal veins and thus give rise to hemorrhoids.

So, too, in varicocele, we have a dilated state of the veins of the testicle, the spermatic veins as they are called, and I shall shortly have occasion to direct your atten-

tion to the investigation of the causes, symptoms and treatment of this lesion. In the ovarian veins, and especially those of the left side, we have an analogous condition to that which exists in varicocele.

The superficial veins of the lower extremity are peculiarly apt to suffer from varix. For a long time it was supposed that the superficial veins alone of a limb could be affected. The explanation urged for this fact was, that the deep-seated veins are exposed to uniform muscular pressure sufficient to prevent their dilatation; but this explanation is, without doubt, an error. Broca, Verneuil, and others, have shown that the deep muscular veins may suffer as well as the superficial ones. These gentlemen proved their position by absolute dissections. In the specimen I show you, the deep veins were varicose as well as this intra-muscular branch. Once, in the ligation of the anterior and posterior tibial arteries, I found the veins accompanying both these vessels in a varicose condition, and very troublesome indeed they were. In my own mind I am well satisfied that varicosity of the veins occurs in the deep as well as in the superficial veins. We do not so often observe it in the former, simply because during life this state is not visible, and we do not trouble ourselves often enough to look for it after death.

As for the *Causes of Varix*, we will admit that in many cases, indeed in most, these are referable to pressure upon the vein, such as the presence of a ligature; the weight of a gravid uterus; a position of the body in which the blood is directed contrary to gravitation. But in other cases, predisposing causes must exist, of which we are yet not fully advised. This was the opinion of the great Rokitsansky, of Hasse, of Nelaton, and of other very distinguished pathologists and surgeons. I have not time to enter, this morning, into the symptoms of varix. The presence of the enlarged mass of veins, feeling like a bundle of earthworms, in varicocele and in the extremities, is familiar to you all. So, too, are the purplish and oedematous swellings of the integuments, and the accompanying ulcer, of which we have so many examples in this house. But there are often other symptoms, such as pain in the part, or its altered function or secretion, which we will have hereafter to notice. To-day, I am alluding to the matter simply in a general way. Oftentimes there are no symptoms save the presence of the venous mass. There may be no pain and no trouble, or at all events none unless the patient is exposed to great exertion, such as walking, dancing, carrying weights, or standing long in the erect position.

Our patient is a case in point. Look at him; he presents one of the most remarkable, in fact the most remarkable instance of general varix, I have ever seen. The superficial veins of both legs, the saphenous veins of both thighs, and their anastomosing branches, the veins upon the external por-

tion of the thighs, and even the buttocks, are alike involved. The saphenous system of the right thigh is very much enlarged, and you can see now that I am lifting up great masses of dilated and tortuous veins. Observe, too, if you please, the superficial epigastric vein on the same side; it is enormously dilated, and you can trace its serpentine course upwards, absolutely as far as the sternum. Its convolutions are as distinct as those of the dissected preparation I have just shown you. The course of the superficial circumflex ilii is equally well marked out. On percussing the abdomen I find that the liver is enlarged.

The man's history, as he gives it, is this: that he is thirty-six years old, has been and is still a hard drinker; he is a printer, and has been obliged to stand a good deal on his feet. He has had this varicose condition for thirteen or fourteen years. He connects it in his own mind, in some way or another, with the development of secondary syphilis, but the history, as far as that is concerned, is obscure. He suffered in 1858 from inflammation of the right thigh, for which he was leeches while in hospital in a neighboring city. He has also suffered at times from varicose ulcers on the right leg; you see he has now two. This affection gives him, however, but little trouble, excepting that when he stands for any very great length of time his legs ache.

A very remarkable feature in the history of this man's case is this: he has not, and never has had, either varicocele or hemorrhoids. Now this is a point worth noticing in a case of phlebectasis of so general a character as the one before you, where you would naturally expect to find the veins of the cord and of the rectum also involved.

As for the treatment of this patient I have little to say. There is none save for the leg ulcers, and in fact he does not present himself here seeking treatment. He is in good health, he tells us, and suffers no inconvenience. I am very glad, however, to have had the opportunity of bringing him before you, since you will rarely meet with so marked an example of varicose veins. I trust that this case, in connection with the specimen I have shown you, may serve to give you some idea of this troublesome affection.

WASHINGTON UNIVERSITY, OF BALTIMORE.

(Medical Clinic of A. B. Arnold, M. D., Professor of
Practice of Medicine.)

[REPORTED BY GEO. B. REYNOLDS, M. D.]

GENTLEMEN:—This patient suffers with a group of symptoms, and on exploring his chest certain physical signs are detected, which appear to be owing to aneurism of the transverse portion of the aorta. Still the most conclusive evidence of the existence of this formidable disease, the discovery of a visible pulsatile swelling over the aortic

region, is wanting. But a due consideration of all the diagnostic elements of the case will hardly leave a doubt of the nature of the affection. This man is 39 years of age, a wood carver by trade, and has led a very intemperate life. About six years ago he was laid up with inflammatory rheumatism for about five weeks, and some considerable time afterwards his lower extremities became anasarctous, of which he was relieved. On admission to the hospital he complained of some neuralgic pains of the right side of the neck and shoulders, and of numbness of the arm and hand of the same side. He has a harsh laryngeal cough, which occasionally comes on in paroxysms of a threatening character. He expectorates freely some tenacious mucous, his breathing is stridulous and frequently hurried, his voice weak and cracked, and when he attempts to take solid food it brings on spasmodic coughing, and sometimes causes the feeling of imminent suffocation.

The recumbent position is apt to increase his dyspnoea. You observe his stooping posture, the marked prominence of his eyeballs, the full puffy neck, and his general emaciated condition.

On inspecting now his chest, you see the enlarged subcutaneous veins, especially on the right side, but there is no unusual bulging of the sternum, the ribs, or interspaces anywhere. There is, however, decided dullness of the percussion resonance over the top of the sternum. The respiratory murmur is diminished. Neither pulsation nor thrill is felt over the region of the aorta, and no arterial bruit is audible along the course of the aorta. On applying the hand over the upper extremity of the sternum, a jogging, heaving impression is plainly felt, which is synchronous with the ventricular contraction. A faint, abrupt, diastolic sound can be distinguished at the left base of the heart, and a very sharp systolic murmur is heard at the left apex. The space of cardiac dullness is considerably enlarged outwards and downward, but the impulse is replaced by a very slight undulating movement. On applying the stethoscope over the post-clavicular fossa of the right side, a grating, whizzing murmur is rendered audible.

I shall first analyze the physical signs presented in this case, and point out their diagnostic import, and then endeavor to show their agreement with the vital or rational symptoms that have been ascertained. But before doing so, I wish to call your attention to the fact that the most distinctive physical signs of an aneurism of the aorta are occasionally absent, as exemplified in the case before you. No expansile local bulging synchronous with the cardiac systole. No vibratory thrill, and no abnormal murmur. But the percussion sound is dull over the top of the sternum, and the sensation of knocking, conveyed to the hand, corresponds, in time, with the heart's systole. The usual arterial murmur is, perhaps, only temporarily absent, and auscultation may catch the sound at a future examination.

A variety of causes may exist which would interfere with the development of the abnormal *bruit*.

If this is a case of sacculated aneurism, which is highly probable, and the pouch being filled with laminated coagula that present a smooth surface to the current of blood, then the conditions are wanting that generate a murmur. Some other conditions are recognizable in this case, which may go far to account for the silence at the seat of the aneurism. The enlarged area of cardiac dullness, in connection with the suppressed or muffled sound at the apex, are more significant of pericardiac effusion, than of hypertrophy of the left ventricle, and thus the enfeebled action of the heart, owing to the pressure of the effused fluid, may not be able to produce a murmur. Besides, there is reason to believe in the co-existence of mitral insufficiency, which lessens the quantity of blood to be propelled through the aorta. The thrill and rough arterial murmur, over the course of the right innominate, indicate either a diseased condition of the artery, or the abnormal sound may be conducted to that vessel from some portion of the aneurismal sac of the aorta.

If we now turn to the consideration of the general symptoms, we at once recognize the sign of pressure in the adjacent parts of the aneurismal tumor.

The hoarse laryngeal cough—the paroxysms of dyspnoea—the stridulous breathing, and the dysphagia, may either be owing to compression of the affected structures, or to traction of the par vagum, and direct irritation of the recurrent nerve. The pain of the neck and arm of the right side, and the numbness of the hand of the same side, proceed severally from the irritation of the cervical and compression of the brachial plexus of nerves. Mediastinal pressure equally explains the appearance of the enlarged subcutaneous veins on the anterior portion of the throat, and the puffiness of the neck. All these are concomitant symptoms that usually make the clinical history of an aneurism of the arch of the aorta.

It is obvious, that in considering the small area of percussion dullness, the absence of bulging and of local pain over the course of the aorta, and the comparatively recent date of the disease, the aneurismal tumor can hardly be of great size.

In excluding the probability of the tumor being a rare instance of mediastinal growth, the following reasons are of much weight. The patient is of the male sex; the percussion dullness is of limited extent; there is a superficial heaving movement; dysphagia is very pronounced, and there is no oedema of the arm, nor prune-like expectoration incident to cancerous growth of the chest.

I will only remark in regard to the mode of death in cases of this kind, that if the patient be not worn out by the severity of the neuralgic pains, nor carried off by the laryngeal and tracheal trouble, rupture

of the sac will, sooner or later, put an end to the hopeless condition of the patient.

April 29th, 1873.—*Sudden death. Post-mortem appearances.* The patient died suddenly yesterday morning, during a violent paroxysm of coughing. Post-mortem examination twelve hours after death. On opening the thorax a circumscribed spurious aneurism, of the size and shape of a goose egg, was found on the convex surface of the arch of the aorta. The sac was considerably thickened by new connective tissue, and was contracted at its orifice. No rupture could anywhere be detected. As usual in this variety of aneurism the sac entirely consisted of the external coat of the artery closely packed with irregular layers of fibrinous coagula. The middle and external membranes of the arch of the aorta were ruptured transversely, which presented an orifice of considerable size, as it encircled more than one-third of the arterial canal. The edges of the rent were of cartilaginous hardness and smooth, and the external coat had separated from the internal membrane to the extent of nearly an inch towards the ascending portion of the artery.

The interior of the larynx presented nothing abnormal worthy of notice, but the pericardium contained a large quantity of yellowish serum and the left ventricle was hypertrophied.

MEDICAL SOCIETIES.

THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The first annual session of the American Public Health Association commenced in College Hall, Walnut street, Cincinnati, on the 1st of May.

ORIGIN OF THE CONVENTION.

This being the first meeting of the Association since its organization, we append the following brief account of its origin:—

Public hygiene, as a department of study and labor, has made extraordinary progress during the last quarter of a century. From a code of empirical rules based upon imperfect observation, and the assumptions of speculative philosophies, it has advanced to the dignity and character of a true science. The principles upon which it is now firmly and securely established are based upon the deductions of modern physiology, pathology, and chemistry. Physiology now correctly interprets the phenomena of life, and teaches the nature, course, and limits of healthy structure and function; pathology reveals the modes by which the normal laws of the body are perverted, and the lesions which disease creates; chemistry analyzes, and to a certain extent has resolved, the elements of contagion, and determined the methods of destroying or neutralizing the agents which induce disease. It is to the brilliant modern discoveries of

these allied sciences that sanitary science, or the science of preventive medicine, owes its present advanced position, and on them rests its claims to public confidence.

And with this establishment of public hygiene upon a scientific basis there has been a remarkable and general awakening of the public mind throughout the civilized world to the value and necessity of sanitary government. There is a growing belief that many, if not most, of the diseases which afflict mankind are of its own creation, and may be prevented; that epidemics depend upon local conditions that may be removed; and that the most violent and destructive epidemics may be controlled and "stamped out." In this country the popular appreciation of sanitary organizations and work promises most important results; Legislatures freely enact laws relating to the public health, and Boards of Health for States and municipalities are rapidly multiplying in all parts of the United States.

Among those who are especially devoted to sanitary studies, and to the practical application of the principles of public hygiene, the necessity of an organization for conference has been felt and frequently expressed. Through such an organization it was believed that the cause of sanitary reform could be greatly advanced, important questions relating to science, policy, and modes of work could be discussed and settled, harmony of opinions obtained, and co-operation in the administration of health laws secured.

OFFICERS.

The following officers were elected after the adoption of the constitution:

President—Stephen Smith, M. D., New York.

First Vice-President—Edwin M. Snow, M. D., Providence, R. I.; Second Vice-President—C. B. White, M. D., New Orleans, La.

Secretary—Elisha Harris, M. D., New York.

Treasurer—John H. Rauch, M. D., Chicago, Ill.

Executive Committee—Ex-Officio Members—President, First Vice-President, Secretary, Treasurer.

Elected Members—Francis Bacon, M. D., New Haven, Conn.; Wm. Clendenin, M. D., Cincinnati, O.; Christopher C. Cox, M. D., Washington, D. C.; Henry Hartshorne, M. D., Philadelphia, Pa.; Moreau Morris, M. D., New York; John M. Woodworth, M. D., Washington, D. C.

The members present were called to order by President Stephen Smith, M. D. The Secretary, Elisha Harris, M. D., having communicated to the President his inability to be present, Dr. E. H. Jones, of New York, was chosen to fill that office *pro tem*.

INTRODUCTORY PAPER.

The first paper was prepared and read by the President, Dr. Smith, on the "Conditions of Longevity in their Relation to the

Practical Application of Sanitary Knowledge."

STATISTICS OF BOARDS OF HEALTH IN THE UNITED STATES.

Dr. John M. Toner, of Washington, D. C., read the next paper, on the above subject, in which he submitted the following statistics: Total number of Health Boards reporting, 118.

Number of Health Boards reporting from the State of Alabama, 2; California, 2; Connecticut, 3; Delaware, 1; District of Columbia, 1; Florida, 1; Georgia, 2; Illinois, 10; Indiana, 8; Iowa, 3; Kansas, 5; Kentucky, 1; Louisiana, 1; Maine, 4; Maryland, 1; Massachusetts, 11; Michigan, 8; Minnesota, 1; Mississippi, 1; Missouri, 4; Nebraska, 1; New Hampshire, 2; New Jersey, 5; New York, 11; Ohio, 8; Pennsylvania, 5; Rhode Island, 1; South Carolina, 1; Texas, 1; Vermont, 1; Virginia, 6; West Virginia, 2; Wisconsin, 4. Total, 118.

Total number of said boards reported, 690; number of boards not reporting members, 7; number of boards exercising authority over cities, only 90; having extra urban authority, 22; State boards, 3; not respecting extent of jurisdiction, 3; reporting population within bounds of jurisdiction, 116; total population reported, 7,356,560; date of oldest board organized, A. D. 1780.

Number organized before 1800.....	2
" " betw'n 1800 and 1810...	2
" " " 1810 and 1820...	2
" " " 1820 and 1830...	3
" " " 1830 and 1840...	6
" " " 1840 and 1850...	7
" " " 1850 and 1860...	23
" " " 1860 and 1870...	30
" " since 1870.....	27
" not reporting date of organization...	17

DISEASES AND CAUSES OF DEATH.

The report on a uniform system of registration of diseases and causes of death, prepared by Charles P. Russell, M. D., of New York, was read by the Secretary. This was followed by a lengthy discussion of the points presented by Joseph J. Woodward, M. D., office of the Surgeon-General, United States Army, after which the Convention adjourned.

UNION MEDICAL ASSOCIATION OF OHIO.

The Union Medical Association of North-eastern Ohio convened in the Y. M. C. A. rooms, in Akron, on Tuesday, May 6th.

After the transaction of the usual preliminary business, Dr. Hudson, of Medina, reported a case of septicaemia (blood poisoning) following an amputation of the leg above the ankle for an injury to the ankle joint.

Dr. Smith, of Akron, reported a case of dropy of the amnion terminating in the death of the child and the recovery of the mother. This case elicited considerable discussion as to the character of this affection.

Dr. Hudson also verbally reported a case of nearly fatal poison from the injection of a solution of nitrate of silver under the skin for the removal of a small tumor on the hand. In this case the child came near dying from the immediate effects of the operation; afterwards the affected arm became cold, the sensibility of the skin impaired, and the whole forearm took on the black color of nitrate of silver stains. The patient finally recovered with no greater loss than a small portion of one finger.

Dr. Lyman, of Wadsworth, read an essay on cerebro-spinal meningitis, sketching briefly a history of the disease, describing fully its symptoms and pathology and the treatment which in his hands has proved the most successful.

Dr. Sowers, of Massillon, followed with a lecture on "Diseases of the Spleen and their Effects on the System." The lecturer, after alluding to our imperfect knowledge of the functions of the spleen, considered the position and anatomical structure of that organ, claiming it to be a gland, yet that its presence is not necessary to the continuance of life, in proof of which he referred to the operations performed on the lower animals, the dog, for instance. In this operation the spleen may be entirely removed, yet the animal will recover and live an indefinite period. The most striking effects observed after the loss of the spleen are that the appetite becomes exceedingly voracious: the animal loses much of its affection for man and becomes very ferocious in disposition; it is no longer teachable, and is very impatient of restraint. He argued that these changes are caused by the irritating effects of a defectively organized blood on the nervous system, and hence he concluded that the spleen is concerned in the ultimate construction of the blood. The lecturer further argued that diseases of the spleen affect the human system in a peculiar manner. The patient becomes gloomy and despondent, with some irritability of temper. He cares little for society and is disposed to brood over his surroundings. It would seem that the ancients were not far from right when they said that the spleen made melancholy. When a man is cross and irritable he is said to be splenic, and the assertion has, at least, the sanction of experience. The lecturer further claimed that these diseases predispose the individual to pulmonary and brain diseases.

The society then adjourned to meet in Medina, Tuesday, August 5th, 1873, which meeting all medical men are invited to attend.

WASHINGTON COUNTY, INDIANA, MEDICAL SOCIETY.

The Washington County Medical Society met in regular session May 5th, the President, Dr. J. B. Wilson, in the chair.

Reports of cases in practice were given by Drs. Paynter, Rathburn, Bare, Hancock,

Harrod, McCown and Smith, and very thoroughly discussed by most of the members.

The Society then proceeded to the election of officers for the ensuing year, resulting in the selection of the following gentlemen for offices named: For President, Dr. Paynter; for Treasurer, Dr. Bare; for Secretary, Dr. Henderson.

On motion the Society adjourned to meet at the Hall in Salem on Monday, second of June next.

H. D. HENDERSON, Secretary.

MARYLAND EPIDEMIOLOGICAL ASSOCIATION.

The Maryland Epidemiological Association met on May 20th, in the rooms of the Medico-Chirurgical Society of Maryland, Baltimore, for the purpose of listening to a lecture delivered by J. S. Conrad, Physician at the Marine Hospital, on "Small-Pox and Vaccination." The meeting was very largely attended by the medical profession, Professor Harvey L. Byrd, President, in the chair.

Dr. Ogle moved that Dr. Caldwell be sent as a delegate from the Maryland Epidemiological Association to the next Massachusetts State Medical Meeting, of June 2d (prox.) Approved.

Dr. J. E. P. Boulden, Corresponding Secretary, announced the death of Dr. H.

P. Walmsley, recently elected a member of the Association, who died on the 13th inst., at Hookstown, Md., of small-pox. Dr. Walmsley was about twenty-eight years of age, and practiced medicine in Baltimore at the corner of Broadway and Pratt streets.

On motion of Dr. Robinson a committee of three was appointed to draft suitable resolutions in reference to the death of Dr. Walmsley, said committee consisting of Drs. Robinson, Gilliss and Welty.

The subject announced for the lecture at the next meeting was "Typhus and Typhoid Fever."

On motion of Dr. Robinson the medical fraternity generally were invited to attend said meeting.

GALLIA COUNTY, OHIO, MEDICAL SOCIETY.

At a meeting of this Society, May 7th, at Gallipolis, Ohio, the following officers were elected:—

President, Dr. W. S. Newton; Vice-Presidents, Drs. Rathburn and Alcorn; Secretary, Dr. Needham; Treasurer, Dr. Sanna; Censors, Drs. Cating, Cromley, and Strait.

The Society adjourned to meet at the Dufour House, at 8 P. M., where, after an excellent supper, an adjournment was made to Wednesday, June 4th, 1873.

W. W. MILLS,
W. C. H. NEEDHAM,
Secretaries.

EDITORIAL DEPARTMENT.

PERISCOPE.

An Improved Means of Plugging the Posterior Nares.

Mr. A. GODRICH, M.R.C.S., writes to the *British Medical Journal*:—

I beg to submit to professional notice an instrument that I have had constructed for plugging the anterior and posterior nares in cases of epistaxis. I have long been struck by the unsatisfactory means at our disposal in dealing with such cases. There is, in the first place, owing to its large curve, no little difficulty in passing Bellocq's sound, the point of the instrument often hitching on the posterior edge of the floor of the nasal fossa. In the next place, the adjustment of the posterior plug, requiring, as it does, the passing of the surgeon's finger into the fauces, not only causes much distress to the patient, but often entails a more or less severe bite on the operator, as I have found to my cost; and lastly, when the plug is in position, the string passing from it through

the mouth causes so much irritation of the soft palate and fauces, that but few patients have the courage to submit to it.

The instrument consists of a small elastic bag stretched on the end of a hollow style, by means of which it is pushed through the nasal fossa into the pharynx. It is then dilated with ice-cold water by means of the ordinary ear-syringe, the nozzle of which is inserted into a piece of India-rubber tubing tied to the other end of the style. A small piece of thread or twine tied round this prevents the water from escaping. The bag, thus dilated, is now to be drawn well forward into the posterior nares, into which, by its elasticity, it will accurately fit. The anterior India-rubber plug is next to be slid along the style (this is more easily done if the style be previously wetted) into the anterior nares, which it fits like a cork. The cohesion between this plug and the style will, I think, be sufficient to hold both plugs in position; if not, a piece of string tied round the style in front of the anterior plug will insure perfect security.

When it is necessary to remove the plug, all that the surgeon has to do is to cut the string tied round the piece of India-rubber tubing, when the water will be expelled by the elasticity of the bag, and the instrument may be removed without difficulty.

The instrument, even at its thickest end, where the elastic bag is stretched over the style, is not larger than a No. 6 catheter; and it can consequently be passed through the nasal fossa without the least difficulty, and with very little discomfort to the patient, as I have proved by frequently passing it through my own nose. The style being made of elastic material—in fact, a gum-elastic catheter, and therefore capable of being bent to any curve required—also facilitates the introduction of the instrument. When once the instrument is in position, and quiet, it is almost impossible to tell by the sensations alone that there is any foreign body in the nasal fossa at all; the dilatation of the bag causing but little discomfort, being above the sensitive soft palate and fauces.

Rubber Bands in the Treatment of Fractures.

Dr. J. W. SOUTHWORTH, of Toledo, O., writes to the *Buffalo Medical Journal*:—There are few of us, I apprehend, who have not unfortunately found, after a first or subsequent dressing of a broken limb, that the straps had become loosened, the splints and the fragments of bone displaced, which were so carefully adjusted and treated *secundum artem*. This misfortune we have often, no doubt, very justly attributed to the imperfection of the means at our command; though sometimes, very properly, to the refractory or careless disposition of the patient, this being most common in young subjects, whom, by the way, it is more imperatively the part of the physician to "cure" with as perfect and useful a limb as possible. Such a desideratum, I am happy to state from personal experience, is attainable by the substitution of elastic retention bands in lieu of the ordinary inelastic cloth bands or bandages, or straps of webbing. These elastic straps are most promptly improvised by taking the common rubber bands (from one-quarter to one-half inch in width, by two inches in length) found in book or drug stores; doubling them and passing strips of strong muslin or factory cloth through the doubled band so as to make it a part of the strap; thus allowing it to be stretched to the extent deemed advisable to produce the requisite degree of constricting force when applied around the splints.

In fractures of the fore-arm treated with two lateral splints, four such straps usually suffice for grown persons, and for children also; but in them the smaller sized bands (doubled) are to be used. In fractures of the leg or thigh more will be necessary, of course. Where two parallel lateral splints are used, as in fractures of the fore-arm, the rubber portion of the encircling straps must

be placed between the opposing splints alternately on the superior and inferior borders, so as to counterpoise or preserve the balance of the constricting forces; and in cases of the arm, leg or thigh, where more splints are used, the rubber part of the straps should be likewise adapted to the interspaces of the splints, in order to attain the same object as nearly as possible.

By these means a sufficient amount of retentive force is constantly in operation, and if much swelling takes place there will be a conservative yielding of the encircling bands, which is not the case where cloth, webbing, or leather straps are used. Also, when the swelling subsides, no matter how rapidly, there is always a coincident as well as a commensurate adaptation to the diminished size of the limb, through the agency of the rubber; thus preventing, as far as possible, an accident so much to be avoided in case of restless or refractory children, or even in older subjects. As an after-dressing, when osseous union has taken place, and nothing but a precautionary use of splints is required, the use of these elastic bands or straps around either sole leather, pasteboard, or felt splints is the most perfect dressing, in my estimation, yet devised. I am quite sure that those who resort to their application will not dissent from such conclusion.

It is, of course, understood that proper support by bandages will be given the injured limb below the seat of fracture, or at least up to the distal ends of the splints. By this plan we may bid good-bye to the cumbersome plaster of Paris after-dressing for all ordinary cases and circumstances.

Painful Tubercle.

A case of this is reported in the *Boston Medical and Surgical Journal*:—

In February, 1873, a woman, aged 23, suffered with severe pain about the middle and just outside of right tibia, of two or three years' standing; much more severe during past year. Attacks were like flushes, extending generally upward, lasting from a few minutes to one or two hours. No cause named, unless fatigue. There was slight discoloration of the skin, as large as a pin's head. Blood-vessels of skin not enlarged. On pressure, a body of size of a bean was felt, rolling under the finger, seemingly in the cellular tissue, and attached by a small point to the skin; not tender, except when pain was severe. Tumor was removed, with the attached piece of skin. No pain since. Tumor was as large as a bean, firm, imbedded in cellular tissue; connected with capsule, but otherwise free. Being cut open, a white surface was presented, of cartilaginous hardness, without blood-vessels. No nerve cells were found with a moderate magnifying power.

The first and best general description is given by Wm. Wood, in the *Edinburg Medical and Surgical Journal*, in 1812; it also received its name from him. Dr. J. C. War-

ren, the elder, describes three cases; in two, removal was not allowed. In the third, a man had suffered seven years, and for four, very severely, from pain about three inches below the knee. When seen by Dr. Warren, there was an open ulcer, following use of caustics; physical condition bad, with cough, purulent expectoration, quick pulse, emaciation, etc. Amputation was performed, and patient recovered in three months.

These tumors occur in adults; and in women rather than men, in proportion of four to one. Paget says, "They may be formed either of fibro-cellular or fibrous tissue, in either a rudimentary or a perfect state," or "they may be fibro-cartilage."

Wedl found "a new formation of connective tissue which, at any rate for the most part, retained an embryonic character." "Not a trace of nerve substance could be discovered in the interior of the nodule." Billroth found muscle cells, but no nerves; Bärensprung, peculiar knots upon the blood-vessels around tumor. Paget thinks they are not neuromata, because nerve fibre cannot be demonstrated in them; because neuromata are often multiple, are unlimited in size, and are most frequent in the male sex; these occur singly, are smaller in size, and are more frequent in women.

Some observers consider these tumors to be developments of the Pacinian bodies.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—DR. D. B. MCCARTER, of Yedo, Japan, writes us under date of April 22d, of an interesting literary undertaking. He says:—

"One of the Japanese medical men, who attends the students of the First College of Yedo, borrowed from me 'Flint on Auscultation and Percussion' which he is translating into Japanese for the benefit of the profession in Japan. He comes to me from time to time for explanations of some things he finds difficult, but on the whole, he seems quite readily to get at the ideas of his author.

—As indicating the growing attention the subject of hygiene is receiving, not only from the public but from the medical profession, we are glad to see that *The Practitioner* (Macmillan & Co., London and New York,) is to be enlarged by the addition of a department devoted to Public Health. The forthcoming number will contain, under this head, articles on Sanitary Organization in England; the Health Aspects of Sewage Irrigation; the Propaga-

tion of Typhoid Fever by Milk; International Hygiene in Relation to Plague and Cholera.

The *Ohio Liberal*, of Mansfield, and several other papers, we notice, also give sound sanitary information in their columns.

BOOK NOTICES.

Hand-Book for the Physiological Laboratory. By E. KLEIN, M.D., J. BURDON SANDERSON, M.D., F. R. S., MICHAEL FOSTER, M.A., M.D., F. R. S., and I. LAUDER BRUNTON, M.D., D.Sc. Edited by J. Burdon Sanderson. In two volumes. With one hundred and fifty-three plates, containing three hundred and thirty-three illustrations. Philadelphia: Lindsay & Blakiston, 1873.

This book is not a compendium of physiology, but a work of instruction in physiological experiments. Subjects which do not admit of experimental demonstration, or those in which the demonstrations are too complicated for ordinary students and workers, are generally omitted.

The arrangement of the matter is under two heads, histology and physiology. The former treats of the blood corpuscles, the connective, muscular and nervous tissues, the vascular and lymphatic systems, the skin and epithelium, the organs of special sense, embryology, and similar topics. Minute directions are given for the most approved methods of exhibiting the structure and character of these various organic creations, and the plates attached are clear and appropriate.

In the second part physiology proper is discussed as far as it relates to the blood, circulation, respiration, animal heat, the functions of nerve and muscle, digestion, and secretion. Several interesting chapters are devoted to electricity in its physiological relations to nerve and muscle, and the functions of the various nerves and certain parts of the encephalon are discriminated by very satisfactory experiments. An appendix is added, containing notes on manipulation, which will be found deserving of close study by beginners in science.

The illustrations, which form the second volume, are, well printed and judiciously chosen to illustrate the text. The whole work is most practical in character and will be indispensable, almost, to every earnest student of physiology.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 7, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

PROGRESS OF THE EQUINE EPIDEMIC.

It is to be hoped that, for the benefit of science, some competent physician will write a thorough history of the equine epidemic which has prevailed throughout this continent the last six or eight months. Such a work should include not merely the effect of the disease on the animal itself, but on other species, as the relation which it obviously had with the influenza in the human subject we have shown to follow in its wake. Also its later manifestations in different forms.

We observe in the newspapers that a disease of the hoofs of horses, resulting in part, it is said, from the debility of horses previously attacked with epizooty, has broken out in Buffalo, New York, and it was reported that it had appeared in Philadelphia. In winter, horses are subject to a disease called the hoof rot, but inquiry at two of the largest stables in the city failed to develop the existence of any disease such as has been described. Nevertheless such an incident is worth investigation.

The original disease, in its steady march across the Continent, reached the Pacific coast several weeks ago, and is now spread-

ing North and South in California and Oregon. This curious disease, some time ago, in its Southern travels, was announced on the borders of the Gulf, so that it now has traveled the entire country within a period of barely six months. Telegrams state that it is raging in San Francisco, and that transportation in that city is to a great extent paralyzed. The disabling of the Government horses has also impeded the military operations in Northern California against the Modocs.

Whether the flesh of animals so diseased is poisoned as food is an important question. Probably it is not. But as we eat various carnivora who feed on the flesh of dead animals, the query is pertinent to our own comfort. A French savant, M. DECROIRE, denies that any disease renders meat unfit for food. Recently M. Decroire invited several of his friends and a small company of scientific men to dine upon the flesh of horses who had died from the glanders; of cows, the victims of the rinderpest; and of an ass, just killed for hydrophobia. It was a "test banquet," one that proved the devotion of each man there to science, in that he was willing to risk his life to demonstrate, in the most practical manner, that the flesh of animals is not affected as human food even by the worst diseases.

NOTES AND COMMENTS.

Assafoetida in Convulsions.

Dr. THOMAS J. STEVENS, of Charlestown, Mass., writes us:—

"Mrs. B. was attacked with puerperal convulsions immediately after parturition. On my arrival I found her in a fit of contortion of a very serious nature. I ordered the following, R. Mist assafoetida $\bar{3}$ vj, to be taken in tablespoonful doses every five minutes, between the spasms, and two ounces of the same for injections.

"For a time the fits did not abate, but soon a favorable change set in. I also interspersed occasional doses of twenty grains of the bromide of potassium, and kept constantly on the head a bladder of ice. But I give no

much credit to the injections of the mixture of assafoetida as to anything else which was done."

Death of a Physician and his Wife.

A sad spectacle was witnessed at Knightstown, Ind., May 19th. Dr. N. H. Cannady, a prominent physician of Indiana, and his wife, were both buried in one grave. The wife died of consumption on Saturday morning, May 17th, and the Doctor on Sunday morning, of dropsy.

Dr. CANNADY has been for many years a subscriber to the REPORTER.

A Benefactor of his Race.

We have spoken of the munificent endowment of the Hopkins Hospital, at Baltimore. J. C. CARPENTER gives, in *Appleton's Journal*, a brief sketch of Mr. HOPKINS, as follows:—

Johns Hopkins is now seventy-eight years of age, a Quaker, plain in his dress, looking as he walks the streets more like a poor clerk on a salary of seven hundred dollars than a millionaire; of medium height and size, homely in feature, with the wrinkles and puckers of long devotion to business; strict in all that relates to money, but not incapable of kindly actions—especially, it is said, to young men just entering the troubled and precarious arena of mercantile life. In addition to his country-seat at Clifton, he has a dwelling near the centre of the city, an old-fashioned, double, two-story brick house, situated on elevated ground at the head of Liberty street, and having in front of it a solitary horse-chestnut tree. Here he lives when in town, essentially a solitary man, with no very near ties of kindred. In the day no signs are visible about the place; and at night it is but seldom that even a light is seen in any of the windows facing the street.

The following is a summary of his principal benefactions.

1. A University at Clifton, with Law, Medical, Classical, and Agricultural schools; endowed with probably three million dollars. The valuable grounds upon which this is to stand have been deeded to trustees, but the plan in its fullness will not be carried out until after the death of Mr. Hopkins.

2. A free hospital for four hundred patients, complete in all its appointments and departments, for the reception and treatment of the indigent sick of Baltimore and its vicinities; and, in special cases of casualty, for people of the State generally, without respect to age, sex, or color.

3. A convalescent hospital, in a country neighborhood, within easy reach of the city, to which patients from the free hospital may

be removed as soon as relieved of their maladies, and where they may completely recruit their strength and vigor before returning to their customary labors.

4. An enclosure of the thirteen acres of the hospital as in part a free park to all who choose to enter it. A low stone wall will surround it, surmounted by iron railings; and the grounds are to be graded, laid off into walks, and ornamented with trees and shrubs and parterres of flowers, with seats for rest, and sparkling fountains.

5. In connection with the hospital a training school for nurses will be established, in accordance with the plans of that noblest of English women, Florence Nightingale. Such nurses are to be paid out of the trust-funds, and will be permitted, after becoming skilled in their duties, to exercise their profession wherever their services may be engaged among the general community.

6. A home for colored orphans and for colored children having but one parent, and, in exceptional cases, for such colored children, not orphans, as may be in need of charity. This home is to be in the country, and is designed to accommodate about four hundred inmates, and to be enlarged when necessary.

The hospital will form a part of the medical school of the University at Clifton.

Sensations of a Drowning Man.

Among those who were on the fatal bridge at Dixon, Ill., which broke down and caused an appalling loss of life, were Dr. HOFFMAN and his wife. Dr. HOFFMAN, who was rescued, has given his sensations while in the water. He says:—

"I was greatly astonished at the number of events that passed through my mind while under the water. Nothing that occurred during childhood was evident, but everything which has occurred since I was about nineteen years old appeared before me as if photographed." When he was rescued, the Doctor says:—"The sudden transition from the beatific state in the water to the dry land seemed to have a bad effect on me, and made me indifferent to what was going on around me."

CORRESPONDENCE.

Muriate of Iron in Erysipelas.

EDS. MED. AND SURG. REPORTER:—

I observed, in a late number of your valuable REPORTER, the treatment of erysipelas by a number of physicians, all of whom disagree as to the dose of the tinct. muriat. ferri. I must say that I cannot exactly agree with either of them, though I think the medicine is the nearest a specific of any I have found in an experience of forty years. I have been very successful in this complaint by treating it as follows:—I begin with a dose of twelve drops, which I increase to thirteen in two hours, and so on,

increasing one drop every two hours, night and day, until the disease stops spreading. I have never yet exceeded forty-five drops at one dose. After the disease has run four days, I either discontinue the iron and give quinine, or give quinine simultaneously with the iron. With regard to external treatment I have not much faith in the efficacy of any kind, but in some cases I have used to good advantage the sulphite of soda, half an ounce to a pint of water, applied as a wash. The average length of time of sickness by this treatment has been about six days, the extremes being four to eight days.

T. J. STEVENS, M. D.,

Charlestown, Mass.

NEWS AND MISCELLANY.

Medical Society of Pennsylvania.

All who desire orders for excursion tickets to Carlisle, must address the undersigned, stating what railroads they will travel over.

W. B. ATKINSON,
Permanent Secretary,
1400 Pine Street, Phila.

College of Physicians and Surgeons, Baltimore.

The faculty of the College of Physicians and Surgeons held a meeting recently and effected some important changes in the professorships. Prof. Edward Warren, Chief of Surgical staff of the Khedive of Egypt, was elected Emeritus Professor of Surgery; Harvey L. Byrd, M. D., Professor of Diseases of Women and Children; Thomas Opie, M. D., Obstetrics; Peter Goodrich, M. D., Medical Jurisprudence and Toxicology; John S. Lynch, M. D., Practice of Medicine; Wm. M. Murray, M. D., Materia Medica and Therapeutics; E. Lloyd Howard, M. D., Anatomy and Clinical Professor of the Mind and Nervous System; Wm. Simon, Ph.D., M. D., Chemistry; Oscar P. Coskery, M. D., Principles and Practice of Surgery; George L. Robinson, M.D., Clinical Surgery and Diseases of the Eye and Ear; Henry R. Norl, Physiology; Thomas S. Latimer, Histology and Pathological Anatomy; D. W. Cathell, M. D., Medical and Surgical Pathology; Thomas Opie, M. D., Dean of the Faculty.

Connecticut River Valley Medical Association.

The annual meeting of the Connecticut River Valley Medical Association was held at Bellows Falls, on Wednesday, May 7th.

Dr. Daniel Campbell delivered an address on the subject of croup. During his remarks he illustrated practically the operation of tracheotomy. He thought that many lives might be saved by this operation which are lost by relying on the use of medicine alone. After the address the time was fully occupied by reading of papers and discussion on cerebro-spinal meningitis.

The following officers were elected for the ensuing year:

President—Dr. W. D. Hasleton.

Vice-President—W. R. Dunham.

Recording Secretary—E. H. Pettengill.

Corresponding Secretary—A. B. Richardson.

Treasurer—Dr. S. Nichols.

Committee on Credentials—Drs. H. D. Holton, N. G. Brooks.

Delegates to American Medical Society—Drs. George F. Gale, E. Phelps, Goldsmith, A. R. Cummings, S. T. Smith. Substitutes—Drs. G. W. Hunt, J. N. Stiles, G. W. Blake, T. H. Goodwillie, F. G. Brooks.

Delegate to Maine—Dr. H. F. Crain.

Delegate to New Hampshire—Dr. George Spofford.

Delegate to Vermont—Dr. C. P. Frost.

Delegate to Massachusetts—Dr. A. P. Richardson.

Delegate to Rhode Island—Dr. D. P. Webster.

Delegate to New York—Dr. C. Adams Gray.

The Cholera.

Although frequently denied, the presence of epidemic cholera in New Orleans, throughout the month of May, is certified by numerous private letters. We may expect it to ascend the river slowly, as the march of this epidemic is not rapid, but it manifests a much stronger tendency to become endemic than on any previous visitation.

The disease is, with the increasing warmth, again spreading in Pesth and the neighboring city of Buda. In Pesth, during the second half of April, there were 202 new cases, with 102 deaths. In Buda, where the disease had apparently ceased on February 26th, there were 59 cases from April 29th to May 15th. In Bohemia, during the first half of April, three new cases were added to 49 remaining under treatment. Of the 52, 16 recovered and 28 died.

The *New York Herald*, of the 26th of April, has the following telegram from its Vienna correspondent:—"There were twenty cases of sporadic cholera, scattered individual attacks, brought to hospital yesterday. Five of the number proved fatal. There is an effort for concealment of the fact of the presence of the disease in the city."

It is announced that an International Sanitary Commission will be appointed by the leading Powers (in which Persia will take part), to consider some important questions concerning the protection of Europe from cholera and plague, and that to this Commission will be submitted, on the part of England, in addition to the question of the transmission of plague, that of the dangers to Europe involved in the new lines of traffic opened between Persia and Russia, through Trans-Caucasia to Poti, and thence by steamer to the ports on the Black Sea, to which prominent attention has lately been directed by Mr. Netten Radcliffe.

Cerebro-spinal Meningitis in Georgia.

A letter from Darien, Georgia, says:—"Cerebro-spinal meningitis raged here in the early part of the spring. Not more than six whites died, and over two hundred negroes. The proportion of colored people here is about seven to one. The mortality among the negroes was at least five times as great as among the whites. I believe infectious diseases and epidemics usually have a milder form here than in colder climates."

Personal.

—Professor Edward Montgomery, of St. Louis, expects to leave for Europe shortly.

—Prof. Rand has resigned the deanship of this institution, and Prof. Biddle has been selected to fill the vacancy.

—The University of Nashville loses Professors Bowling, Winston and Lindsley. They are respectively succeeded by Professors Maddin, Nichol and Callender.

—Dr. C. A. White, Professor of Natural History in the Iowa University, has been offered the position of Geologist of the Yellowstone Expedition.

—Dr. J. T. Throck, of Wilkesbarre, has been appointed Assistant Surgeon on an Expedition which left Denver June 1st, to explore the Middle Park, Utah, and Southern California.

—Dr. W. M. McPheeters has retired from the chair of Materia Medica and Therapeutics of the Missouri Medical College. The vacancy has been filled by the selection of Dr. Edward Montgomery.

—Professor Brackett, we are informed, accepts his election to the "Henry Professorship of Physics," at Princeton, and enters upon his duties next September. His removal is a great loss to Bowdoin and the Maine Medical School.

—The medical birds have commenced their annual flight across the water. Dr. Caspar Wister has already left our shores; Drs. F. Gurney Smith, J. Solis Cohen and C. Percy La Roche will sail shortly; Drs. E. Seguin and Fordyce Barker, of New York, have either left or will leave next week; Dr. Edw. Warren, of Baltimore, left in April.

—Though the courts may compel a medical society to reinstate an expelled member, they cannot compel his recognition by the profession. *Vide* action of the American Medical Association at its recent session.

—Over 1000 medical men were added to the ranks by the colleges during the spring commencements.

—A hotel in St. Louis. Enter a stranger, breathless, "The city is full of doctors, and every train brings in a few more docs!"

—A bill has been introduced into the Massachusetts Legislature authorizing the union of the New England Female College with the Boston University, the latter to assume all the rights, privileges, franchise, property, etc., belonging to the latter.

QUERIES AND REPLIES.**Modern Therapeutics.**

Dr. J. R. C., of Ill., and others.—The third edition of Dr. GEO. H. NAPREYS' *Modern Medical Therapeutics* is exhausted. A fourth edition is in preparation, and, with the first edition of his *Modern Surgical Therapeutics*, it is hoped, will be ready next autumn.

No. 2 Half-Yearly Compendium.

A subscriber will give One dollar each for three copies of this number. Send to this office.

The Oldest Practicing Physician.

"How many years of continued practice can you quote in the life of any one American physician?"
—INQUIRER.

Reply.—Dr. Ahl, of Baltimore, continued in active practice until he was ninety-six years of age; Dr. Bernardus Van Leer, of Chester Valley, did the same until he was one hundred and two years old. (He died at the age of one hundred and four.) These are the two longest periods that we remember.

MARRIAGES.

CHAPMAN-GOLTRY.—May 19th, at the residence of the bride's parents, by Rev. Wm. Pelan, E. J. Chapman, M. D., and Mary M. Goltry, all of Missouri Valley, Iowa.

GOERING-HIGHBERGER.—By the Rev. Alex. McGaughey, assisted by Rev. Mr. Hunter, May 1st, at the residence of the bride's parents, Dr. Charles L. Goehring and Miss Emma Justine Highberger, both of Irwin, Pa.

KATZENBACH-EMERY.—At Flemington, N. J., May 21st, by Rev. G. S. Mott, assisted by Rev. S. M. Studdiford, William H. Katzenbach, M. D., of New York, and Julia, daughter of William F. Emery, Esq., of Flemington, N. J.

MILLER-McCULLOUGH.—By Rev. D. H. Lavery, at Somerset, Ohio, May 6th, Mr. Park J. Miller, of Sandusky City, and Miss Louie J., eldest daughter of Dr. A. G. McCullough.

SHAW-MILLIGAN.—At Swissvale, Pa., May 15th, by the Rev. Robert Carothers, assisted by the Rev. S. J. Fisher, Dr. S. Porter Shaw, of Clearfield, Pa., and Maggie Milligan, of Swissvale.

THORNE-SNEDEKER.—May 14th, by the Rev. Cyrus Offer, John K. Thorne, M. D., and Caroline E. Snedeker, both of Broadalbin, Fulton county, N. Y.

DEATHS.

ELIASON.—At Chestertown, Md., April 4th, John Eliason, M. D.

FLORO.—In Burlington county, N. J., May 26th, Catharine, wife of J. H. Floto, M. D., aged 71 years.

MENDENHALL.—Martha E., wife of S. C. Mendenhall, M. D., died suddenly of heart disease, March 12th, at her residence in Frazeysburgh, Muskingum county, Ohio, aged 47.

NEFF.—In this city, May 21st, Caroline, eldest daughter of the late Dr. Charles Neff.

SPENCER.—May 21th, at the residence of George Spencer, Mooreland, Montgomery county, Pa., Sarah L. Spencer, widow of the late Dr. J. J. Spencer, of Moorestown, New Jersey.

WARD.—May 28th, Russel D. Ward, eldest son of Dr. James H. Ward, of Brooklyn, N. Y., in the 20th year of his age.

RUNDLETT.—In this city, May 26th, Dr. Howard M. Rundlett, U. S. N. Dr. Rundlett resided at Portsmouth, N. H., and was attached to the Navy-yard there. He was a native of Massachusetts.